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CONFIRMATION NO. 7440

<b>SERIAL NUMBER</b> 10/074,507	<b>FILING OR 371(c) DATE</b> 02/12/2002 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3623	<b>ATTORNEY DOCKET NO.</b> WILLARD	
<b>APPLICANTS</b> Mary Joan Willard, Mill Valley, CA;  <b>** CONTINUING DATA *****</b> NONE DES <b>** FOREIGN APPLICATIONS *****</b> NONE JCS <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/02/2002 <b>** SMALL ENTITY **</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 37	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Risto A. Rinne, Jr. Suite E 2173 East Francisco Blvd. San Rafael, CA94901					
<b>TITLE</b> Method and system for job-placement of disabled workers					
<b>FILING FEE RECEIVED</b> 523	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		